



Application for Seasonal/Farmers' Market Food Permit

FEE: \$25.00

Name & Address of Organization/Business: (Name & Address of responsible person)

Phone Number of Responsible Party: _____

Cell Phone Number of Responsible Party: _____

Name and Location of Event: _____

Time(s) of Event: _____

List of Prepared Food Item(s) to be sold:

BOARD OF HEALTH USE ONLY

Permit No. _____

Permit Approved / Denied Date: _____

If denied, reason: _____

Fee amount and date collected: _____



Building And Promoting A Healthy Community